

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

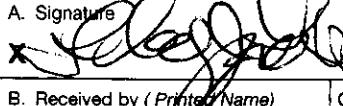
1. Article Addressed to:

Floyd Lolla
1912 North Guest
Indianapolis, IN 46202

C-1-01-374, Doc. 33

2. Article Number
(Transfer from service label)

7001 2510 0008 6347 8750

COMPLETE THIS SECTION ON DELIVERY		
A. Signature 		
<input type="checkbox"/> Agent		<input type="checkbox"/> Addressee
B. Received by (Printed Name)		C. Date of Delivery 9-15
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

PS Form 3811, August 2001



Domestic Return Receipt

102595-02-M-0835